

# **RADIOLOGIC TECHNOLOGY CERTIFICATION COMMITTEE MEETING**

**SEPTEMBER 21, 2005**

## **MEMBERS PRESENT**

**EDGAR BAILEY, CHP, CHAIRMAN**

**EDWARD BENTLEY, MD**

**JACK L. BOIS, DPM**

**WILLIAM BRAGGINS, CRT, ARRT**

**JOYCE COHEN, CRT, ARRT**

**ROGER ENG, MD**

**MELISSA MARTIN, MS**

**JANIS OWENS, MD**

**CHAD D. WARSHEL, DC**

**MARGARET HISIN-SHUNG LEE, MD**

## **MEMBERS ABSENT**

**THEODORE MILLER, MD**

**BERNIE GOLER, MD**

## **MEETING SUMMARY**

Chairman Edgar Bailey, called the meeting of the Radiologic Technology Certification Committee (RTCC) to order at 9:15 AM. A quorum of ten members was present. Dr Bernie Goler absence was excused. Mr. Bailey asked for each committee member to introduce themselves. Members introduced themselves and gave their medical specialty. Mr. Bailey then introduced Radiologic Health Branch (RHB) section chiefs that were present in the audience. Also, he asked if there were any additions or changes necessary for the meeting agenda. None were requested.

**First Order of Business: Approval of the minutes of the February 9, 2005 meeting.**

Motion by Melissa Martin to approve the minutes of the February 9, 2005 meeting.  
Seconded by Dr. Boris.

Discussion: Kathleen Kaufman raised a question concerning the apparent endorsement of the committee to allow limited permit holders to operate fluoroscopic equipment (page 3). The point was clarified; the committee does not endorse the use of fluoroscopic equipment by limited permit holders.

Chairman Bailey called for the question: Motion to approve the minutes, Passed.

Discussion: Committee member Joyce Cohen: When a program was accredited by JRCERT in the past they were under them and not RHB. What about future programs? Will they need both accreditations? Answer: Yes.

Committee member, Dr. Bentley: For a Department that has very limited resources, it really makes no sense to duplicate services. I can support the motion, unless the RTCC can identify aspects of the national organization's review that are incomplete that need to be completed by RHB.

Committee member William Braggins: There was a similar situation several years ago between the State certification and ARRT. We accepted the ARRT as adequate then and the situation is the same now with a national organization that is better prepared to do that kind of certification for us.

Answer: Mr. Douglas: The problem arose when new schools were given provisional approval by ARRT for up to two years and RHB could not approve the students before they could operate in California.

Committee member Dr. Bois: Obviously, you have a situation where a school is not yet accredited or a program, that's a separate situation. But otherwise, as a full-time government employee, this may seem oxymoronic, but I hate duplication of services, and I hate regulatory interference. There is no apparent value added by the duplication of services for patient care or for the education program. I strongly encourage passage of this motion.

Ms. Kathleen Kaufman: I'm not sure that the committee has enough information to make a vote on this motion. We don't know what the inspection program that is set up by RHB will cover and where there are overlaps. I strongly suspect that JRCERT doesn't look for things like an operator/supervisor permit because that's a California requirement.

Committee member Dr. Eng: How do the other 49 states handle this situation? Has RHB looked to see if there could be examples they could use?

Answer: There is no uniform model of what's done in each state.

Mr. Douglas: As an example California is the only state that licenses or certifies physicians to use X-ray, there are many differences between states. Also, law and the regulations now in place promulgated inspections of schools clinical sites.

Committee member Melissa Martin: JRCERT is a national program that works in conjunction with ARRT. I would reiterate that's why we originally went with ARRT examination and got rid of the CRT exam so we would have a national standard. JRCERT is a national school inspection program that is a uniform standard.

Committee member William Braggins: The CARE bill is designed to cover uniform training requirements for all states. I would like to see an update of the CARE bill and what it will cover as an agenda item for our next meeting. Much of what we are discussing now will be moot when it passes.

Chairman Bailey called for the question: Motion Passed.

### Third order of Business: Recent Regulatory Changes:

Phillip Scott, Chief Regulations unit: I will do a quick update on some legislation that is affecting or could affect RHB.

- AB 929 requires facilities using x-ray equipment to implement and maintain a quality assurance program. Not signed yet.
- SB 700 proposed legislation by Senator Aanestad is inactive at the moment.

Mr. Scott said the committee has been given a copy of proposed regulations approved at the last RTCC meeting. Some of these items need clarification. Mr. Scott proceeded to clarify each recommendation point by point.

Chairman Bailey: The committee was given these proposals prior to this meeting and copies are available for the public in the audience today. So what we need to do at this point is either say yea or nay to the proposed amendments or say that they need to be changed. So in order to begin a discussion we must have a motion.

Motion by committee member William Braggins: I'd like to make a motion to approve them as they are.

Seconded by committee member Melissa Martin.

Discussion: Committee member Melissa Martin: There was a lot of RTCC input for these changes they were not just proposed by RHB staff. Committee member Dr. Owens: Since we've added the terms "genitourinary noncontrast", is there a category that allows them to take images after contrast has been administered?

Answer: Committee member Melissa Martin: No. That was the intent.

Chairman Bailey asked for clarification of the implementation date.

Answer: Phillip Scott: Two years after the effective date.

Kathleen Kaufman: The subcommittee voted to increase the number of training hours in anatomy & physiology from 20 to 30 and an additional 10 hours for positioning.

Ms. Perkins, Bakersfield College: Do these CE hours pertain to mammography?

Answer: Phillip Scott: Only item (c) of 30403.

Committee member Melissa Martin: I recommend you simplify CE requirements.

Committee member William Braggins: I wish to make an amendment to the motion to add that 30403 should read "Requirements for continuing education", and strike out— ??

Seconded by committee member Dr Bois. Agreed to by Melissa Martin originator of the motion.

Chairman Bailey called for the question: Motion passed.

Motion by committee member William Braggins: Make an additional amendment to 30424 2 c. Change anatomy and physiology from 20 to 30.

Seconded by committee member Melissa Martin.

Chairman Bailey called for the question: Motion passed.

Motion by committee member Melissa Martin: RHB will allow the examination limitation, 30407, to be amended to agree with ARRT procedure.

Seconded by committee member Dr. Owens

Chairman Bailey called for the question: Motion passed.

Committee member Dr. Bentley: I wanted to bring up as a separate issue 30403 D, the CE requirement for physicians. Chairman Bailey said this could be added as an item at the end of the meeting. Committee members Martin and Dr. Eng suggested that the topic was too big to be added at the end of this meeting. Chairman Bailey agreed that the topic of Continuing Education for Operator/Supervisor Physicians would be placed on the agenda of the next RTCC meeting. Dr. Eng suggested that a sub-committee be formed to discuss all issues. Chairman Bailey asked for volunteers, Melissa Martin & Kathleen Kaufman volunteered.

Forth order of Business: Computed Radiography (CR):

Mr. Stephen Neushul of iCR CO presented information about CR equipment manufactured by his company. He discussed how digital images are produced and some of the safety factors employed. At the conclusion of his talk Melissa Martin asked what is the speed comparison between DR and film/screen. Answer: 200 DR vs. 400 film/screen.

Several members of the audience spoke of the potential for misuse of DR equipment by limited license technicians (XTs) because of a lack of adequate training. Mr. Neushul stated that all technologists needed training before they can use the equipment properly and he was certain that training of XT's would accomplish that goal.

Other members of the audience spoke in favor of allowing DR equipment use by all operators of radiographic machines.

Ms Julie Myer, student Pasadena City College, presented Chairman Bailey a petition with 112 signatures in support of not allowing LPs to use DR equipment. Chairman Bailey asked for clarification of the title of the petition "Petition Against Allowing Persons with a Limited License to Alter Digital Images". Ms. Myer said the intent of the petition was to not allow taking of the image using DR equipment by XT's and she agreed to return with a correctly titled petition.

Several members of the audience spoke in favor of XT's using DR equipment. Chairman Bailey was presented with petitions signed by 1,500 individuals requesting the digital radiography restriction be eliminated and that LPs may be allowed to use DR equipment.

Chairman Bailey stated the discussion of CR/DR use was complete due to time constraints and therefore, the next agenda item will be presented. He agreed to the formation of a sub-committee to further examine the question of XT's using CR/DR equipment.

**Fifth order of business: Additional CRT position on the RTCC:**

Ms. Diane Garcia spoke on behalf of the California Society of Radiologic Technologist (CSRT) in support of an additional representative on the RTCC. She urged the RTCC to support an additional member who would be a CRT employed in the field of diagnostic radiography. She said CSRT lost a representative when the RTCC approved the conversion of a CRT member to one from radiation therapy in the early eighties. Now, it is necessary to add a CRT from the diagnostic radiology field to balance the RTCC with representatives from regulated occupations using radiation-producing machines according to Ms. Garcia.

Chairman Bailey stated that the law must be changed before a new member can be added to the RTCC and perhaps the best avenue to follow would be to find a member of the legislation to sponsor a bill for the purpose of changing the RTCC to add one more member who will specifically be a CRT from diagnostic radiology. Ms. Anita Slechta asked if RHB would support legislation for the change. Chairman Bailey said the support must come from Department of Health Services (DHS) Administration not RHB.

Committee member William Braggins made a motion that the RTCC would support the concept of having a third CRT on the Committee. Committee member Melissa Martin second the motion.

Discussion: Should the bill be presented to the RTCC first before they voted to support it? The RTCC should vote to approve the concept of a new CRT from the diagnostic radiology field. Committee member Joyce Cohen said, "The bill should state that the purpose is to have all the representation from all the communities".

Chairman Bailey asked if someone could write the motion in the exact wording that is acceptable.

Committee member Warshel made a motion to table the motion. Committee Member Bentley second. Chairman Bailey agreed to table the original motion.

**Sixth order of business: Access to Mammography for disabled patients.**

Ms. Florita Maiki presented information concerning the difficulty encountered during mammography by patients with disabilities. She explained the grant-funded program established in 1995 awarded to Alta Bates Summit Medical Center, Berkeley, CA. The program has received national recognition and awards from DHS and other agencies. Ms. Maiki discussed accommodations that can be made to service patients with disabilities and the training program sponsored by her group. She said women with disabilities do not receive mammograms as often a non-disabled do and that statistic needs to be improved. The program has produced a guide for providers of mammography services that includes information on how to improve access and necessary training for technologist.

Their instructional DVD has been forwarded to ASRT for their approval and incorporation into test questions for ASRT certification exams. Ms. Maiki concluded her presentation with examples of successful training that does improve assess for women with disabilities.

Chairman Bailey thanked Ms. Maiki for her presentation and suggested the training program may be used to meet the continuing education (CU) requirements for mammography technologist to renew their certificate. He also said he planned to assign RHB staff to study ways to partnership with the Alta Bates program. Some members of the audience questioned Ms. Maiki about the training program for their own schools.

#### **Seventh order of business: Chiropractic Radiologist**

Dr. Chad Warshel discussed the need to recognize chiropractic radiologist for the licensure of physician supervisors under the certification law. He discussed the necessary training hours needed to become a chiropractor radiologist and said they were designated "Diplomat of the American Chiropractic Board of Radiology". Dr. Warshel stated that chiropractic radiologist are denied Supervisor/ Operator (S&O) permits by RHB because they are not Board Certified Radiologist but he said section 30462 allows for the S&O permit to be issued to chiropractic radiologist.

Dr. Warshel made a motion that the RTCC recognize the American Chiropractic Board of Radiology in addition to the American Board of Radiology and the American Board of Osteopathic Radiology in granting the supervisor/operator certificate to chiropractic radiologist. Second by member William Braggins.

Discussion: Committee member Melissa Martin, Are you asking that the RTCC recognize radiology chiropractor for a general radiology credential? Dr. Warshel said we are primarily a musculoskeletal specialty. Committee member Dr. Lee asked if an abnormality outside the scope of chiropractic practice is seen how is it reported. Dr. Warshel said they render a decision and refer the patient to a Medical Doctor. Ms. Kaufman asked what prevents chiropractors from taking radiographs beyond the scope of the chiropractic practice? RHB staff member David Little said he supports the motion and that chiropractors do not take x-rays for non-chiropractic purposes.

Chairman Bailey called for the question. Motion passed.

Dr. Warshel made a second motion to allow radiology residents in the four chiropractic colleges in California to take the supervisor/operator permit examination prior to licensure. Second by committee member Janis Owens.

Discussion: Ms. Kaufman Medical Doctors must be licensed by the state before they can apply for the S&O examination. Mr. Eustace Douglas, RHB staff member explained the difference between the Medical Board and Chiropractic Board licensure of individuals in residency programs. He said the law does not allow for chiropractor residents to take the S&O exam because they have not been issued a state license. The Chiropractic Board would have to issue a temporary residency license like the Medical Board before RHB could let them sit for the exam.

Dr. Warshel withdrew his motion.

## **Return to item five: An additional CRT position on the RTCC**

Chairman Bailey asked for the re-write of the motion for the additional CRT position on the RTCC.

Ms. Diane Garcia presented the motion: The RTCC supports the legislative change of Health & Safety code, Article 3, 114860 (b) to change from 2 persons with 5 years experience to 3 persons with 5 years experience in the practice of radiology technology with 1 appointment each of the following professional organizations representing: Number 1, Diagnostic Radiology or CRT educators; Number 2 radiation therapist; and 3 limited permittees or XT educators. The motion as re-stated had been second.

Discussion: Committee member Dr. Eng; please clarify the three representatives in the motion. Committee member Braggins clarified the positions. Committee member Cohen stated that all three positions must be CRTs therefore the representative for XTs must be an educator who is a CRT from a XT program. Ms. Garcia: Correct. Mr. Scott clarified the term "certified as a radiologic technologist" for committee member Dr. Bentley. Committee member Braggins asked that the court recorder re-read the motion for clarification. The motion was re-read.

Chairman Bailey called for the question: Motion passed.

## **Public Comment Period:**

Chairman Bailey opened the comment period from members of the audience. Several comments were made regarding DR/CR use and training program evaluations, RTCC meeting Agenda posting, and LPs replacing CRTs in radiology departments. Several individuals volunteered to be on a RTTC sub-committee to study the use of CR/DR equipment by XTs.

Chairman Bailey asked if committee members had agreed on the next RTCC meeting site and date? Answer: the site is Hilton Hotel, Burbank, CA and the date is Wednesday February 22, 2006.

## **Adjournment:**

Motion to adjourn the meeting at 3:40 p.m. by committee member Melissa Martin. Second by committee member William Braggins. Meeting adjourned.

Respectively submitter by

Donald E. Bunn

**Summary Report**  
of the  
**Subcommittee of the RTCC reviewing the Limited Permit Program**

**SUMMARY**

The subcommittee met nine times during the period from October 1999 to February 2002. The subcommittee reviewed the current practice of administering the limited permit X-ray Technician program, problems associated with the program, and the Minimum Standards used to ensure the quality of the program. Those meetings resulted in recommendations listed below.

**PARTICIPANTS**

The subcommittee consisted of representatives (# in each) from the following:

- Department of Health Services, Radiologic Health Branch (1)
- Limited Permit X-ray Technician Schools: Public (1) and Private (2)
- Radiologic Technology Certification Committee (4)
- X-ray Technicians not associated with a school or government agency (2)
- X-ray Technicians associated with a school (1)
- Diagnostic/Fluoroscopic Radiologic Technology School (1)

**RECOMMENDATIONS**

The following recommendations were made by the subcommittee and accepted by the RTCC on November 14, 2000:

1. Discontinue On-the-job Training (OJT) program.
2. Require reeducation of an examinee that fails the state test three times.
3. Discontinue the Dermatology Permit.
4. Form subcommittee of the RTCC to study the education necessary to competently perform radiographic procedures with computed radiography or digital radiography for the purpose of making recommendations on regulatory requirements for education of these personnel. Additionally, the subcommittee would investigate and make recommendations for QA/QC procedures that should be in place at facilities where this type of equipment is in use.
5. Add decubitus chest to the examination scope for the chest category.
6. For the skull category, maintain the 100 procedures specified in regulation but modify the Minimum Standards to require that routine projections must be performed on 60 patients and that 40 nonroutine projections may be performed with a skull phantom.
7. Delete title 17, California Code of Regulations section 30425(c)(5)<sup>1</sup>.
8. Amend title 17, California Code of Regulations section 30425(c)(6)<sup>2</sup> to require 100 panagraphic procedures.
9. Develop a position statement stating that Abdomen and KUB procedures can only be performed by an X-ray technician possessing the Gastrointestinal or Genitourinary

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<sup>1</sup> Section 30425 was amended effective 11-14-01. The new citation is §30425(a)(4)(E).

<sup>2</sup> Section 30425 was amended effective 11-14-01. The new citation is §30425(a)(4)(F).



categories and that violation is a misdemeanor. The position statement should be developed by RHB.

The following recommendations were approved by the RTCC on Feb. 9, 2005 except as noted:

1. No more than 25% of procedures performed in the upright position for the Torso-skeletal category shall be counted toward the total number of procedures required.
2. Define "Scope of Practice" and to clarify that the scope of the permit includes the purpose of the examination.
3. Eliminate the Gastrointestinal (GI) limited permit category.
4. Modify the GU permit category as follows:
  - Rename category to "Genitourinary-noncontrast."
  - Authorizes performance of a supine abdomen view.
  - No contrast procedures allowed.
  - Modify current GU number of hours for training in anatomy and physiology (A&P) and positioning to require 30 hours in A&P and 10 hours positioning.
  - (Approved by RTCC on Sept. 21, 2005.)